



Sumter County BOCC Employee Benefits Guide



2014/2015
Plan Year

WELCOME TO YOUR 2014/2015 BENEFITS!



WHAT'S INSIDE

This Benefit Guide provides a summary of your benefit options and costs to help you make your choices.

For additional information on the enrollment process and specific details of your plan, please contact Employee Services at **1-352-689-4420**.

Sumter County BOCC offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

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Each year our organization takes tremendous pride in performing diligent research within the marketplace to ensure we are offering quality benefits to our valued employees and their loved ones. Nothing is more important than your health and well-being! Now is your opportunity to evaluate your personal situation and review benefit options to plan for a healthy and secure future.

ELIGIBILITY

Includes all full time employees (excluding OPS) under Sumter County Board of County Commissioners, Clerk of Court, Property Appraiser, Sheriff, Supervisor of Elections and Tax Collector employees. Employee benefits become effective the 1st of the month following 60 days of their hire date.

Each employee or other individual who is eligible to participate in the Group Health Plan, and who meets and continues to meet the eligibility requirements described in this Booklet, shall be entitled to apply for coverage under this Booklet. These eligibility requirements are binding upon you and/or your eligible family members. No changes in the eligibility requirements will be permitted except as permitted by Sumter County Board of County Commissioners. Acceptable documentation may be required as proof that an individual meets and continues to meet the eligibility requirements such as a court order naming the Eligible Employee as the legal guardian or appropriate adoption documentation described in the "Enrollment and Effective Date of Coverage" section.

Eligibility Requirements for Covered Plan Participants

In order to be eligible to enroll as a Covered Plan Participant, an individual must be an Eligible Employee. An Eligible Employee must meet each of the following requirements:

1. The employee must be a bona fide employee of Sumter County Board of County Commissioners, Clerk of Court, Property Appraiser, Sheriff, Supervisor of Elections or Tax Collector;
2. The employee's job must fall within a job classification identified by Sumter County Board of County Commissioners;
3. The employee must have completed any applicable Waiting Period determined by Sumter County Board of County Commissioners; and
4. The employee must meet any additional eligibility requirement(s) required by Sumter County Board of County Commissioners.

Sumter County Board of County Commissioners' coverage eligibility classifications may be expanded to include:

1. Retired employees;
2. Additional job classifications;
3. Employees of affiliated or subsidiary companies of Sumter County Board of County Commissioners and;
4. Other individuals as determined by Sumter County Board of County Commissioners.

Sumter County Board of County Commissioners shall have sole discretion concerning the expansion of eligibility classifications.



ELIGIBILITY

Eligibility Requirements for Dependent(s)

An individual who meets the eligibility criteria specified below is an Eligible Dependent and is eligible to apply for coverage under this Booklet:

1. The Covered Plan Participant's spouse under a legally valid existing marriage;
2. The Covered Plan Participant's natural, newborn, adopted, Foster, or step child(ren) (or a child for whom the Covered Plan Participant has been court-appointed as legal guardian or legal custodian) who has not reached the end of the Calendar Year in which he or she reaches age 26 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), regardless of the dependent child's student or marital status, financial dependency on the Covered Plan Participant, whether the dependent child resides with the Covered Plan Participant, or whether the dependent child is eligible for or enrolled in any other group health plan and;
3. The newborn child of a Covered Dependent child. Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child.

Note: It is the Covered Plan Participant's sole responsibility to establish that a child meets the applicable requirements for eligibility.

Handicapped Children

In the case of a handicapped dependent child, such child is eligible to continue coverage as a Covered Dependent, beyond the age of 26 if the child is:

1. Otherwise eligible for coverage under the Group Health Plan;
2. Incapable of self-sustaining employment by reason of mental retardation or physical handicap and;
3. Chiefly dependent upon the Covered Plan Participant for support and maintenance provided that the symptoms or causes of the child's handicap existed prior to the child's 26th birthday.

This eligibility shall terminate on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a handicapped child.

Retiree Insurance Eligibility

A retired County employee includes any former County Officer or former County Employee who retires through the Florida Retirement System (FRS), or has received approval for disability retirement prior to his or her last day of employment and is covered under the health plan. An employee who applies for disability retirement but has not been approved prior to his or her last day of employment may rejoin the health plan after the disability retirement is approved. The employee must notify the plan within 30 days of receiving notice of approval for disability retirement to be added back to the plan. Employees retiring under the **FRS Investment Plan** must have 1 year of service with a FRS employer. Employees retiring under the **FRS Pension Plan** must be enrolled in the FRS prior to July 1, 2011 and have 6 years of service with a FRS employer, or be enrolled in the FRS on or after July 1, 2011 and have 8 years of service with a FRS employer and must:

- a. Meet the age and service requirements to qualify for normal retirement as set forth in Section 121.021 (29); or
- b. Have attained the age specified by Section 72(t)(2)(A)(i) of the Internal Revenue Code.

MAKING CHANGES

Once you have made your benefit elections, you cannot change them until your next open enrollment period unless you have a qualified change in status.

Qualified changes in status include:

- ◆ Marriage
- ◆ Divorce or legal separation
- ◆ Birth or adoption of a child
- ◆ Change in your child's dependent status
- ◆ Death of your spouse, child or other qualified dependent
- ◆ Change in residence due to an employment transfer for you or your spouse
- ◆ Commencement or termination of adoption proceedings
- ◆ Change in your spouse's benefits or employment status



Any change in your benefits must be consistent with the change in status and you must make your election within 30 days following the status change.

Employee Self Service Screens

Ascentis:

Your link for the Employee Self Service is: <https://selfservice2.ascentis.com/Sumter>. When you sign in for the first time, you must select "This is my first time using Self-Service. I don't have a user ID or password." Complete all sections of the Login Verification screen and select Verify. Enter your Password.

BENEFIT ELECTION OPTIONS

Pre-Tax Savings Advantage

One of the biggest advantages of your employee benefit plan is that your insurance premium contributions for medical and dental are deducted from your paycheck on a pre-tax basis. When you pay for your premiums with pre-tax dollars, you are actually reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions. This increases your net take home pay each pay period.

Your Benefits and Your Costs

Sumter County provides a large selection of benefits that help protect your health, wealth and well being. The company provides some benefits at no cost to you and some you pay for.

BENEFIT	WHO PAYS?	PRE-TAX BENEFIT
Medical/Dental/Pharmacy	Sumter County & You	Pre-Tax
Group Basic Life/AD&D Insurance	Sumter County	N/A
Employee Assistance Program (EAP)	Sumter County	N/A
Group Short-Term Disability	Sumter County	After-Tax
Voluntary Long-Term Disability	You	After-Tax
Voluntary Life Insurance	You	After-Tax
Flexible Spending Accounts	You	Pre-Tax
Voluntary Vision Insurance	You	Pre-Tax

MEDICAL COVERAGE

Nothing is more important than your good health. That is why Sumter County offers a medical plan from Blue Cross and Blue Shield of Florida to help you and your family members live healthier lives.

In-Network Care:

When you seek medical services from a participating provider, you receive a higher level of benefits. This means when you use an in-network provider, you substantially reduce the amount you pay for medical services.

Out-of-Network Care:

You may choose to receive care from a provider that is not a participating provider, but you will receive a lower level of benefits. Your benefits are based on the amount that is considered reasonable and customary and you are responsible for any amount above the allowed charges.

Wellness Works

Sumter County strongly believes in the importance of preventive care and wellness measures. Our medical plan covers many adult wellness tests and screenings and child immunizations at 100% , with no deductible or out-of-pocket cost to our employees.

YOUR BENEFIT COSTS

Active Full Time Employees					
Category	Employee Only under 70	Employee Only over 70	Child(ren)	Spouse	Family
2014/2015 Monthly Premium Health/Dental/Rx	\$ 534.00	\$ 530.50	\$ 150.00	\$ 252.00	\$ 315.00
Employee Monthly Cost	\$ 50.00	\$ 50.00	\$ 200.00	\$ 302.00	\$ 365.00
Employee Bi-Weekly Payroll Deduction	\$ 25.00	\$ 25.00	\$ 100.00	\$ 151.00	\$ 182.50
Employer Monthly Cost	\$ 484.00	\$ 480.50	\$ 819.00	\$ 811.00	\$ 1,328.00

COBRA (no rounding with 2% load)			
Category	Health/Dental/Rx	2% Load	COBRA Monthly Premium
If enrolling 1 individual (Single Coverage)	\$ 527.00	\$ 10.54	\$ 537.54
If enrolling 1 individual + Child(ren) (\$806.50 + \$150)	\$ 1,012.00	\$ 20.24	\$ 1,032.24
If enrolling 1 individual + Spouse (\$806.50 + \$252)	\$ 1,106.00	\$ 22.12	\$ 1,128.12
If enrolling 1 individual + Family (\$806.50 + \$315)	\$ 1,686.00	\$ 33.72	\$ 1,719.72



Medical Plan Highlights		
Description Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions	
	In-Network	Out-of-Network
Deductible (DED) ♦ Per Person / Family Agg.	\$500/\$1,500	\$750/\$2,250
Coinsurance (Member Responsibility)	20%	40%
Out of Pocket Maximum (Includes DED, Coinsurance, Copays; Excludes RX) ♦ Per Person / Family Agg.	\$2,500/\$5,000	\$5,000/\$10,000
Lifetime Maximum	No Maximum	
PROFESSIONAL PROVIDER SERVICES		
Office Visit Services ♦ Family Physician / Specialist	\$20/\$40	DED + 40%
E-Office Visit Services ♦ Family Physician / Specialist	\$10/\$10	DED + 40%
Allergy Injections ♦ Family Physician / Specialist	\$10/\$10	DED + 40%
Provider Services at Hospital and ER ♦ Family Physician / Specialist	DED + 20%	In-Network DED + 20%
Provider Services (at locations other than Office, Hospital & ER) ♦ Family Physician / Specialist	DED + 20%	DED + 40%
Radiology, Pathology & Anesthesiology at Hospital or Ambulatory Surgical Center	DED + 20%	In-Network DED + 20%
PREVENTATIVE CARE		
Adult Wellness Annual Benefit Maximum	No Maximum	
Adult Wellness Office Services ♦ Family Physician / Specialist	\$0	40% (No DED)
Well Child Office Visits ♦ Family Physician / Specialist	\$0	40% (No DED)
Independent Clinical Lab	\$0 (Quest Labs)	40% (No DED)
Independent Diagnostic Testing Facility (X-Rays, MRI, MRA, PET, CT, Nuclear Medicine)	\$0	40% (No DED)
Mammograms (Routine and Dx) Only allowed for age 35 and older	\$0	\$0
Colonoscopies (Age 50+ then Frequency Schedule Applies)	\$0	\$0
EMERGENCY/URGENT/CONVENIENT CARE		
Ambulance Maximum (per Day) Ground/Air & Water - \$5,500 Combined	DED + 20%	In-Network DED + 20%
Emergency Room Facility Services	\$300	\$300
Convenient Care Centers (CCC)	\$20	DED + 40%
Urgent Care Centers (UCC)	\$45	DED + 40%
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Hospitalization	Option 1 - \$0 Option 2 - \$600	40% (No DED)
Outpatient Hospitalization	Options 1 & 2 - \$40	40% (No DED)
Emergency Room Facility Services	\$300	\$300

Medical Plan Highlights		
Description Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions	
	In-Network	Out-of-Network
FACILITY SERVICES (unless otherwise noted, physician services are in addition to facility services)		
Ambulatory Surgical Center	\$100	DED + 40%
Independent Clinical Lab	\$0 (Quest Labs)	DED + 40%
Independent Diagnostic Testing Facility <ul style="list-style-type: none">Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)Other Diagnostic Services (X-rays)	\$150 \$50	DED + 40% DED + 40%
Inpatient Hospital (per admit)	Option 1 - \$600 Option 2 - \$1,000	DED + 40%
Outpatient Hospital (per visit)	Option 1 - \$200 Option 2 - \$300	DED + 40%
Therapy at Outpatient Hospital	Option 1 - \$45 Option 2 - \$60	DED + 40%
Inpatient Rehab Maximum	21 days	
OTHER SPECIAL SERVICES		
Birthing Center	DED + 20%	DED + 40%
Diabetic Equipment and Supplies*	DED + 20%	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics BPM Enteral Formulas: \$2,500, All others: No Maximum	DED + 20%	DED + 40%
Home Health Care BPM (20 visits)	DED + 20%	DED + 40%
Hospice LTM (No Maximum)	DED + 20%	DED + 40%
Skilled Nursing Facility BPM (60 days)	DED + 20%	DED + 40%
Outpatient Therapy and Spinal Manipulations BPM (50 Visits, includes up to 26 spinal manipulations)	See location of service for payment details	
PRESCRIPTION DRUGS		
Retail (30 days) <ul style="list-style-type: none">GenericPreferred BrandNon-Preferred	\$5 \$25 \$50	50% 50% 50%
Mail-Order (90 days) <ul style="list-style-type: none">GenericPreferred BrandNon-Preferred	\$10 \$50 \$100	50% 50% 50%
Medical Pharmacy (Provider-Administered Rx)** (\$200 Monthly OOP Max)	20% (No DED)	DED + 50%

* Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit or can also be covered under the Medical benefit as DME (Durable Medical Equipment). Diabetics Equipment (insulin pumps, tubing) are always covered under the medical benefit.

**(1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

MAIL ORDER PHARMACY PROGRAM

As a Blue Cross and Blue Shield of Florida, Inc. member you and your eligible dependents can participate in the Mail Order Pharmacy Program provided by PrimeMail® Pharmacy. PrimeMail Pharmacy offers the convenience of home delivery with the safety and quality service you expect for your prescription drug needs. In addition, when you order your 3 month supply of your prescription you only pay for 2 months co-pay. You basically get the 3rd month **FREE!**



How to Start Using PrimeMail

1. For each long-term medication prescribed for you, ask your physician to write a prescription for the maximum days supply your plan allows to be filled at PrimeMail Pharmacy
2. Complete (in black ink) the PrimeMail Pharmacy Order Form
3. Mail to PrimeMail Pharmacy
 - Your completed PrimeMail Pharmacy Order Form
 - Your original physician-signed maximum-day prescription*
 - The appropriate payment*

* You may submit more than one long-term prescription and payment in one order.

Time and Money Saving Tips

- Ask for generics - they cost less and meet the same FDA requirements for safety, purity, strength and quality as brand-name drugs
- Ensure the following necessary information is legible on your new prescription:
 - The patient's full first name and last name
 - The medication, strength, and directions for use
 - The maximum quantity allowed by your plan limits
- Ensure your PrimeMail Pharmacy Order Form is complete - an incomplete form may cause a delay in processing your prescription

Prescription Refill Options

You may order your prescription refills using the internet, phone or U.S. Mail. To avoid running out of medication, order your refills on the date indicated on your prescription label. PrimeMail Pharmacy provides the following convenient refill methods:

Refill by Phone

- Dial PrimeMail's refill line at **1-888-849-7865, TTY 711**
- Have your prescription number and credit card information available; follow the system prompts to complete your refill order

Refill by Internet

- Log on to www.bcbsfl.com click on **MyBlueService**, then select "Pharmacy Claims and Benefit Information"
- You will need to have your prescription number and credit card information ready to enter

Refill by Mail

- Fill out the PrimeMail Pharmacy Order Form that was included with your previous PrimeMail prescription delivery
- Include appropriate payment

Questions: Call PrimeMail Pharmacy Member Services at **1-888-849-7865, TTY 711**
Monday - Friday, 8:00 a.m. to 12:00 a.m.; Saturday and Sunday, 8:30 a.m. to 9:00 p.m. EST

DENTAL COVERAGE

Our dental plan, provided by Delta Dental, is designed to help you maintain a healthy smile through regular preventive care and to fix any problems as soon as they occur.

The plan helps you pay for most necessary dental services and supplies, including diagnostic and preventative care (such as exams and cleanings), basic and major restorative services (such as fillings, crowns and dentures), as well as orthodontic.



Dental Plan Highlights		
Deductible (does not apply to Class I Preventive Services)	\$50 per person per calendar year	
Calendar Year Maximum (per person)	\$1,500 per person	
Orthodontic Lifetime Maximum (per person)	\$1,500 per person	
	In-Network	Out-of-Network
Class I - Preventive Services ♦ Oral Examinations/Routine Cleaning/Fluoride Treatments	100%	100%
Class II - Basic Services ♦ Fillings/Root Canal/Periodontal Treatment/Oral Surgery	80%	80%
Class III - Major Services ♦ Crowns/Bridges/Partials/Dentures	50%	50%
Class IV - Orthodontic Services (Child only to age 26)	50%	50%

*PPO dentists (in network) are paid on the PPO provider fee schedule.

*Delta Dental Premier dentists (out of network) are paid on the Maximum Plan Allowance.

*Non Delta Dental dentists (out of network) are paid up to the 90th percentile.

To find a participating provider, please visit the Delta dental website: www.deltadentalins.com and select PPO or Premier Provider network or call customer service at 1-800-521-2651.

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts are an important component of your benefits package. The accounts let you pay “pre-tax dollars” for dependent care and eligible out-of-pocket health, dental, vision and other health care related expenses, not covered under your health care plan(s), for you and your qualified dependents. Since the amount you elect is deducted before taxes are calculated, your taxable income is lower and you pay fewer taxes. Depending on your tax bracket, you could save up to 40.65% or more on every FSA dollar you spend. Flexible Spending Accounts are convenient and easy to use. With a little up-front planning, you can enjoy significant tax savings while paying for a wide array of out-of-pocket health care and dependent care expenses.

Medical Spending Account

A Medical Spending (Health Care) Account can save you money on eligible out-of-pocket health care expenses, such as doctor office co-pays, dental and orthodontia co-pays, prescription co-pays, health insurance deductibles and vision expenses not covered by insurance. Employees can choose a minimum enrollment account balance of **\$240.00** and a maximum of **\$2,550.00**. A convenient debit card is provided for use with eligible transactions.

Dependent Care Spending Account

A Dependent Care Spending Account can be used to pay for childcare expenses while you or your spouse is at work, looking for work, or are at school; for local day camp; and for care expenses for any incapacitated person you are eligible to claim on your income taxes. Employees can choose a minimum enrollment account balance of **\$240.00** and a maximum of **\$5,000.00**.

For questions on your account, please visit the Wageworks website: www.wageworks.com or contact member services at 1-877-WAGEWORKS (877-924-3967)

NOTE: The amounts you contribute to a Medical Spending or Dependent Care FSA cannot be taken as a tax credit on your Federal Income Tax Return, since they have already received tax advantages.

VISION COVERAGE

To help keep life in focus, we have partnered with Humana to administer our vision plan. The vision option is a PPO plan which allows you to visit any doctor, including specialists, in the plan's network. While you have the freedom to visit any in-network doctor you choose, you still have the flexibility of choosing to use out-of-network benefits with lower level benefits.



Vision Plan Highlights – Humana			
Coverage	In-Network	Out-of-Network	Frequency Period*
Eye Exam with dilation (if necessary)	\$10 copay	\$35 allowance	12 months
Frame Allowance	\$50 wholesale allowance	\$45 retail allowance	12 months
Eyeglass Lenses Allowances:			
Single Vision	100% after \$25 copay	\$25 allowance	12 months
Bifocal	100% after \$25 copay	\$40 allowance	12 months
Trifocal	100% after \$25 copay	\$60 allowance	12 months
Contact Lenses 1			
Elective (conventional and disposable)2 3	\$150 allowance	\$150 allowance	12 months
Medically Necessary	100%	\$150 allowance	12 months

* Based on Date of Service

Additional plan discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After copay, standard polycarbonate available at no charge for dependents less than 19 years old.

¹ If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).

² The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.

³ Contact lens allowance must be used at one time; no amount will be carried forward

To find a participating provider, please visit the Humana website: www.HumanaVisionCare.com, or contact customer service at 1-866-537-0229.

Vision Monthly Rates			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$6.10	\$12.21	\$11.59	\$18.22

EMPLOYEE ASSISTANCE PROGRAM (EAP)



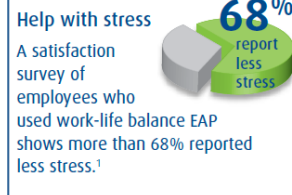
When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on us to offer help. Through Unum's work-life balance employee assistance program (EAP), you have unlimited access to consultants by telephone, resources and tools online, and up to three face-to-face visits with counselors for help with a short-term problem.

Help for personal challenges, big and small

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important.

That's when you can pick up the phone and speak confidentially to a Master's-level consultant who can help you or a family member to:

- Locate childcare and eldercare services and obtain matches to the appropriate provider based on your or your family's preferences and criteria. The consultant will even confirm space availability.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- Work through complex, sensitive issues such as personal or work relationships, depression, or substance abuse
- Get advice on how to deal with a conflict with you and a co-worker
- Get a referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation



You'll have access to an attorney for state specific legal information and services. If you decide to retain the attorney, you may be eligible to receive a 25% discount on additional services.

You also have unlimited website access at www.lifebalance.net where you can:

- Read books, life articles and guides
- View videos and online seminars, as well as listen to podcasts
- Subscribe to customized email newsletters
- Find information on parenting, retirement, finances, education and more
- Use health management online calculators and other tools to help you with topics such as losing weight or starting a new exercise program
- Access links to other informative websites
- Use school, camp, eldercare and childcare locators
- Use financial calculators, retirement planners, worksheets and more

Guidance for work-related conflicts

If you're a manager dealing with staff issues such as an employee who's feeling overwhelmed by his or her workload, you have unlimited access to guidance from a team of Master's-level consultation experts. Call the toll-free work-life balance EAP number to:

- Have a confidential sounding board and objective view
- Work on communication and problem-solving skills
- Learn how to motivate your employees

If you are a supervisor or working to become one, you can visit the website at www.lifebalance.net to get information on managing people using resources such as:

- Email management newsletters
- Recommended reading lists on management
- Self-assessment tools to be a better manager
- Monthly management quick tips

Balance can be a call or click away:

1-800-854-1446, English
1-877-858-2147, Spanish
1-800-999-3004, TTY/TDD
www.lifebalance.net
(user ID and password:lifebalance)

A wallet card is available with telephone number and online contact information. Your human resources manager or Unum representative can give one to you.

DISABILITY INSURANCE

Disability benefits provide you with income in the event that you are unable to work. Disabled means that because of sickness or an accident you cannot perform the important duties of your regular occupation, or any other occupation. You can apply for a policy that offers valuable additional disability coverage that will help to maximize your income protection in the event of a disability.

Short-Term Disability *(Coverage is paid for by Sumter County)*

- Provides a weekly benefit for short-term illness or injury
- Maximum benefit 60% of your weekly salary
- 14-day elimination period before benefits begin
- During the elimination period, employees can use their sick or vacation time to bridge the gap
- Duration of benefits is 11 weeks

Voluntary Long-Term Disability *(Coverage is paid for by you)*

- Pays a monthly benefit in the event you cannot work because of a long-term illness or injury
- Provides up to 60% of monthly salary up to \$5,000 maximum
- Minimum monthly benefit is \$50
- 90 day elimination period before benefits begin
- Pre-existing conditions are not covered
- Any employee not currently enrolled in the Voluntary LTD plan or an enrolled employee that would like to increase coverage, will be required to complete an Evidence of Insurability form

Contact Employee Services at employee.services@sumtercountyfl.gov or **1-352-689-4420** for additional information.

You can also call Unum Group Customer Contact at www.unum.com or **1-800-421-0344**, Monday—Friday 8:00 am to 8:00 pm, EST.



LIFE INSURANCE

Group Basic Life Insurance

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with Sumter County. Your coverage amount will be paid to the beneficiary of your choice. Sumter County provides eligible employees with a flat benefit amount of \$25,000, in group life.

Accidental Death & Dismemberment

If your death is due to a covered accident or injury, your beneficiary will receive an additional flat benefit of \$25,000 through Accidental Death and Dismemberment (AD&D) coverage. AD&D benefits are payable if you pass away, lose a limb, or have a loss of speech, hearing, or eyesight because of a covered accident (either on or off the job) and the loss occurs within one year of the covered accident. The payable amount of your AD&D benefit depends on the type of loss. In the event of death due to an accident, your beneficiary may receive both your life and AD&D benefits.

Voluntary Term Life Insurance

You may purchase additional Voluntary Term Life Insurance for yourself in increments of \$10,000 (or a minimum of 5 times your annual salary) to a maximum of \$500,000 (or 10 times your annual salary), whichever is less. You can obtain a guarantee issue of up to \$120,000 of coverage without providing evidence of insurability. Any coverage requested above \$120,000 will require you to complete Evidence of Insurability.

You may also elect the following coverage for your spouse and children:

- **Spouse:** Increments of \$5,000 up to a maximum of \$250,000 with a guarantee issue amount of \$50,000. Any coverage requested above \$50,000 will require the completion of a medical questionnaire.
- **Child(ren):** From 14 days to 6 months the maximum benefit amount is \$500. After 6 months, coverage is available in increments of \$5,000 to a maximum of \$25,000 with a guarantee issue amount of \$15,000.

All of the Life and AD&D benefits are administered through Unum. **Please refer to pages 15 and 16 of the guide for Voluntary Life rates for Employee, Spouse and Child(ren).**



Active Full & Part Time Employees (Employer Paid Benefit)		
Category	Life	AD&D
Employee Only under 70	\$6.00	\$1.00
Employee Only over 70	\$3.00	\$0.50

Employee Semi-Monthly Voluntary Life Rate Sheet

Benefit Amount	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.30	\$0.30	\$0.40	\$0.60	\$0.55	\$1.50	\$2.45	\$3.75	\$5.20	\$8.60	\$14.40	\$27.45
\$20,000	\$0.60	\$0.60	\$0.80	\$1.20	\$1.10	\$3.00	\$4.90	\$7.50	\$10.40	\$17.20	\$28.80	\$54.90
\$30,000	\$0.90	\$0.90	\$1.20	\$1.80	\$1.65	\$4.50	\$7.35	\$11.25	\$15.60	\$25.80	\$43.20	\$82.35
\$40,000	\$1.20	\$1.20	\$1.60	\$2.40	\$2.20	\$6.00	\$9.80	\$15.00	\$20.80	\$34.40	\$57.60	\$109.80
\$50,000	\$1.50	\$1.50	\$2.00	\$3.00	\$2.75	\$7.50	\$12.25	\$18.75	\$26.00	\$43.00	\$72.00	\$137.25
\$60,000	\$1.80	\$1.80	\$2.40	\$3.60	\$3.30	\$9.00	\$14.70	\$22.50	\$31.20	\$51.60	\$86.40	\$164.70
\$70,000	\$2.10	\$2.10	\$2.80	\$4.20	\$3.85	\$10.50	\$17.15	\$26.25	\$36.40	\$60.20	\$100.80	\$192.15
\$80,000	\$2.40	\$2.40	\$3.20	\$4.80	\$4.40	\$12.00	\$19.60	\$30.00	\$41.60	\$68.80	\$115.20	\$219.60
\$90,000	\$2.70	\$2.70	\$3.60	\$5.40	\$4.95	\$13.50	\$22.05	\$33.75	\$46.80	\$77.40	\$129.60	\$247.05
\$100,000	\$3.00	\$3.00	\$4.00	\$6.00	\$5.50	\$15.00	\$24.50	\$37.50	\$52.00	\$86.00	\$144.00	\$274.50
\$110,000	\$3.30	\$3.30	\$4.40	\$6.60	\$6.05	\$16.50	\$26.95	\$41.25	\$57.20	\$94.60	\$158.40	\$301.95
\$120,000	\$3.60	\$3.60	\$4.80	\$7.20	\$6.60	\$18.00	\$29.40	\$45.00	\$62.40	\$103.20	\$172.80	\$329.40
\$130,000	\$3.90	\$3.90	\$5.20	\$7.80	\$7.15	\$19.50	\$31.85	\$48.75	\$67.60	\$111.80	\$187.20	\$356.85
\$140,000	\$4.20	\$4.20	\$5.60	\$8.40	\$7.70	\$21.00	\$34.30	\$52.50	\$72.80	\$120.40	\$201.60	\$384.30
\$150,000	\$4.50	\$4.50	\$6.00	\$9.00	\$8.25	\$22.50	\$36.75	\$56.25	\$78.00	\$129.00	\$216.00	\$411.75
\$160,000	\$4.80	\$4.80	\$6.40	\$9.60	\$8.80	\$24.00	\$39.20	\$60.00	\$83.20	\$137.60	\$230.40	\$439.20
\$170,000	\$5.10	\$5.10	\$6.80	\$10.20	\$9.35	\$25.50	\$41.65	\$63.75	\$88.40	\$146.20	\$244.80	\$466.65
\$180,000	\$5.40	\$5.40	\$7.20	\$10.80	\$9.90	\$27.00	\$44.10	\$67.50	\$93.60	\$154.80	\$259.80	\$494.10
\$190,000	\$5.70	\$5.70	\$7.60	\$11.40	\$10.45	\$28.50	\$46.55	\$71.25	\$98.80	\$163.40	\$273.60	\$521.55
\$200,000	\$6.00	\$6.00	\$8.00	\$12.00	\$11.00	\$30.00	\$49.00	\$75.00	\$104.00	\$172.00	\$288.00	\$549.00
\$210,000	\$6.30	\$6.30	\$8.40	\$12.60	\$11.55	\$31.50	\$51.45	\$78.75	\$109.20	\$180.60	\$302.40	\$576.45
\$220,000	\$6.60	\$6.60	\$8.80	\$13.20	\$12.10	\$33.00	\$53.90	\$82.50	\$114.40	\$189.20	\$316.80	\$603.90
\$230,000	\$6.90	\$6.90	\$9.20	\$13.80	\$12.65	\$34.50	\$56.35	\$86.25	\$119.60	\$197.80	\$331.20	\$631.35
\$240,000	\$7.20	\$7.20	\$9.60	\$14.40	\$13.20	\$36.00	\$58.80	\$90.00	\$124.80	\$206.40	\$345.60	\$658.80
\$250,000	\$7.50	\$7.50	\$10.00	\$15.00	\$13.75	\$37.50	\$61.25	\$93.75	\$130.00	\$215.00	\$360.00	\$686.25
\$260,000	\$7.80	\$7.80	\$10.40	\$15.60	\$14.30	\$39.00	\$63.70	\$97.50	\$135.20	\$223.60	\$374.40	\$713.70
\$270,000	\$8.10	\$8.10	\$10.80	\$16.20	\$14.85	\$40.50	\$66.15	\$101.25	\$140.40	\$232.20	\$388.80	\$741.15
\$280,000	\$8.40	\$8.40	\$11.20	\$16.80	\$15.40	\$42.00	\$68.60	\$105.00	\$145.60	\$240.80	\$403.20	\$768.60
\$290,000	\$8.70	\$8.70	\$11.60	\$17.40	\$15.95	\$43.50	\$71.05	\$108.75	\$150.80	\$249.40	\$417.60	\$796.05
\$300,000	\$9.00	\$9.00	\$12.00	\$18.00	\$16.50	\$45.00	\$73.50	\$112.50	\$156.00	\$258.00	\$432.00	\$823.50
\$310,000	\$9.30	\$9.30	\$12.40	\$18.60	\$17.05	\$46.50	\$75.95	\$116.25	\$161.20	\$266.60	\$446.40	\$850.95
\$320,000	\$9.60	\$9.60	\$12.80	\$19.20	\$17.60	\$48.00	\$78.40	\$120.00	\$166.40	\$275.20	\$460.80	\$878.40
\$330,000	\$9.90	\$9.90	\$13.20	\$19.80	\$18.15	\$49.50	\$80.85	\$123.75	\$171.60	\$283.80	\$475.20	\$905.85
\$340,000	\$10.20	\$10.20	\$13.60	\$20.40	\$18.70	\$51.00	\$83.30	\$127.50	\$176.80	\$292.40	\$489.60	\$933.30
\$350,000	\$10.50	\$10.50	\$14.00	\$21.00	\$19.25	\$52.50	\$85.75	\$131.25	\$182.00	\$301.00	\$504.00	\$960.75
\$360,000	\$10.80	\$10.80	\$14.40	\$21.60	\$19.80	\$54.00	\$88.20	\$135.00	\$187.20	\$309.60	\$518.40	\$988.20
\$370,000	\$11.10	\$11.10	\$14.80	\$22.20	\$20.35	\$55.50	\$90.65	\$138.75	\$192.40	\$318.20	\$532.80	\$1,015.65
\$380,000	\$11.40	\$11.40	\$15.20	\$22.80	\$20.90	\$57.00	\$93.10	\$142.50	\$197.60	\$326.80	\$547.20	\$1,043.10
\$390,000	\$11.70	\$11.70	\$15.60	\$23.40	\$21.45	\$58.50	\$95.55	\$146.25	\$202.80	\$335.40	\$561.60	\$1,070.55
\$400,000	\$12.00	\$12.00	\$16.00	\$24.00	\$22.00	\$60.00	\$98.00	\$150.00	\$208.00	\$344.00	\$576.00	\$1,098.00
\$410,000	\$12.30	\$12.30	\$16.40	\$24.60	\$22.55	\$61.50	\$100.45	\$153.75	\$213.20	\$352.60	\$590.40	\$1,125.45
\$420,000	\$12.60	\$12.60	\$16.80	\$25.20	\$23.10	\$63.00	\$102.90	\$157.50	\$218.40	\$361.20	\$604.80	\$1,152.90
\$430,000	\$12.90	\$12.90	\$17.20	\$25.80	\$23.65	\$64.50	\$105.35	\$161.25	\$223.60	\$369.80	\$619.20	\$1,180.35
\$440,000	\$13.20	\$13.20	\$17.60	\$26.40	\$24.20	\$66.00	\$107.80	\$165.00	\$228.80	\$378.40	\$633.60	\$1,207.80
\$450,000	\$13.50	\$13.50	\$18.00	\$27.00	\$24.75	\$67.50	\$110.25	\$168.75	\$234.00	\$387.00	\$648.00	\$1,235.25
\$460,000	\$13.80	\$13.80	\$18.40	\$27.60	\$25.30	\$69.00	\$112.70	\$172.50	\$239.20	\$395.60	\$662.40	\$1,262.70
\$470,000	\$14.10	\$14.10	\$18.80	\$28.20	\$25.85	\$70.50	\$115.75	\$176.25	\$244.40	\$404.20	\$676.80	\$1,290.15
\$480,000	\$14.40	\$14.40	\$19.20	\$28.80	\$26.40	\$72.00	\$117.60	\$180.00	\$249.60	\$412.80	\$691.20	\$1,317.60
\$490,000	\$14.70	\$14.70	\$19.60	\$29.40	\$26.95	\$73.50	\$120.05	\$183.75	\$254.80	\$421.40	\$705.60	\$1,345.05
\$500,000	\$15.00	\$15.00	\$20.00	\$30.00	\$27.50	\$75.00	\$122.50	\$187.50	\$260.00	\$430.00	\$720.00	\$1,372.50

Employee Life maximum is the lesser of 10 times your annual salary or \$500,000.

Your rate is based on your insurance age, which is your age as of your effective date.

Spouse and Child(ren) Semi-Monthly Voluntary Life Rate Sheet

Benefit Amount	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.15	\$0.15	\$0.20	\$0.30	\$0.45	\$0.75	\$1.23	\$1.88	\$2.60	\$4.30	\$7.20	\$13.73
\$10,000	\$0.30	\$0.30	\$0.40	\$0.60	\$0.90	\$1.50	\$2.45	\$3.75	\$5.20	\$8.60	\$14.40	\$27.45
\$15,000	\$0.45	\$0.45	\$0.60	\$0.90	\$1.35	\$2.25	\$3.68	\$5.63	\$7.80	\$12.90	\$21.60	\$41.18
\$20,000	\$0.60	\$0.60	\$0.80	\$1.20	\$1.80	\$3.00	\$4.90	\$7.50	\$10.40	\$17.20	\$28.80	\$54.90
\$25,000	\$0.75	\$0.75	\$1.00	\$1.50	\$2.25	\$3.75	\$6.13	\$9.38	\$13.00	\$21.50	\$36.00	\$68.63
\$30,000	\$0.90	\$0.90	\$1.20	\$1.80	\$2.70	\$4.50	\$7.35	\$11.25	\$15.60	\$25.80	\$43.20	\$82.35
\$35,000	\$1.05	\$1.05	\$1.40	\$2.10	\$3.15	\$5.25	\$8.58	\$13.13	\$18.20	\$30.10	\$50.40	\$96.08
\$40,000	\$1.20	\$1.20	\$1.60	\$2.40	\$3.60	\$6.00	\$9.80	\$15.00	\$20.80	\$34.40	\$57.60	\$109.80
\$45,000	\$1.35	\$1.35	\$1.80	\$2.70	\$4.05	\$6.75	\$11.03	\$16.88	\$23.40	\$38.70	\$64.80	\$123.53
\$50,000	\$1.50	\$1.50	\$2.00	\$3.00	\$4.50	\$7.50	\$12.25	\$18.75	\$26.00	\$43.00	\$72.00	\$137.25
\$55,000	\$1.65	\$1.65	\$2.20	\$3.30	\$4.95	\$8.25	\$13.48	\$20.63	\$28.60	\$47.30	\$79.20	\$150.98
\$60,000	\$1.80	\$1.80	\$2.40	\$3.60	\$5.40	\$9.00	\$14.70	\$22.50	\$31.20	\$51.60	\$86.40	\$164.70
\$65,000	\$1.95	\$1.95	\$2.60	\$3.90	\$5.85	\$9.75	\$15.93	\$24.38	\$33.80	\$55.90	\$93.60	\$178.43
\$70,000	\$2.10	\$2.10	\$2.80	\$4.20	\$6.30	\$10.50	\$17.15	\$26.25	\$36.40	\$60.20	\$100.80	\$192.15
\$75,000	\$2.25	\$2.25	\$3.00	\$4.50	\$6.75	\$11.25	\$18.38	\$28.13	\$39.00	\$64.50	\$108.00	\$205.88
\$80,000	\$2.40	\$2.40	\$3.20	\$4.80	\$7.20	\$12.00	\$19.60	\$30.00	\$41.60	\$68.80	\$115.20	\$219.60
\$85,000	\$2.55	\$2.55	\$3.40	\$5.10	\$7.65	\$12.75	\$20.83	\$31.88	\$44.20	\$73.10	\$122.40	\$233.33
\$90,000	\$2.70	\$2.70	\$3.60	\$5.40	\$8.10	\$13.50	\$22.05	\$33.75	\$46.80	\$77.40	\$129.60	\$247.05
\$95,000	\$2.85	\$2.85	\$3.80	\$5.70	\$8.55	\$14.25	\$23.28	\$35.63	\$49.40	\$81.70	\$136.80	\$260.78
\$100,000	\$3.00	\$3.00	\$4.00	\$6.00	\$9.00	\$15.00	\$24.50	\$37.50	\$52.00	\$86.00	\$144.00	\$274.50
\$105,000	\$3.15	\$3.15	\$4.20	\$6.30	\$9.45	\$15.75	\$25.73	\$39.38	\$54.60	\$90.30	\$151.20	\$288.23
\$110,000	\$3.30	\$3.30	\$4.40	\$6.60	\$9.90	\$16.50	\$26.95	\$41.25	\$57.20	\$94.60	\$158.40	\$301.95
\$115,000	\$3.45	\$3.45	\$4.60	\$6.90	\$10.35	\$17.25	\$28.18	\$43.13	\$59.80	\$98.90	\$165.60	\$315.68
\$120,000	\$3.60	\$3.60	\$4.80	\$7.20	\$10.80	\$18.00	\$29.40	\$45.00	\$62.40	\$103.20	\$172.80	\$329.40
\$125,000	\$3.75	\$3.75	\$5.00	\$7.50	\$11.25	\$18.75	\$30.63	\$46.88	\$65.00	\$107.50	\$180.00	\$343.13
\$130,000	\$3.90	\$3.90	\$5.20	\$7.80	\$11.70	\$19.50	\$31.85	\$48.75	\$67.60	\$111.80	\$187.20	\$356.85
\$135,000	\$4.05	\$4.05	\$5.40	\$8.10	\$12.15	\$20.25	\$33.08	\$50.63	\$70.20	\$116.10	\$194.40	\$370.58
\$140,000	\$4.20	\$4.20	\$5.60	\$8.40	\$12.60	\$21.00	\$34.30	\$52.50	\$72.80	\$120.40	\$201.60	\$384.30
\$145,000	\$4.35	\$4.35	\$5.80	\$8.70	\$13.05	\$21.75	\$35.53	\$54.38	\$75.40	\$124.70	\$208.80	\$398.03
\$150,000	\$4.50	\$4.50	\$6.00	\$9.00	\$13.50	\$22.50	\$36.75	\$56.25	\$78.00	\$129.00	\$216.00	\$411.75
\$155,000	\$4.65	\$4.65	\$6.20	\$9.30	\$13.95	\$23.25	\$37.98	\$58.13	\$80.60	\$133.30	\$223.20	\$425.48
\$160,000	\$4.80	\$4.80	\$6.40	\$9.60	\$14.40	\$24.00	\$39.20	\$60.00	\$83.20	\$137.60	\$230.40	\$439.20
\$165,000	\$4.95	\$4.95	\$6.60	\$9.90	\$14.85	\$24.75	\$40.43	\$61.88	\$85.80	\$141.90	\$237.60	\$452.93
\$170,000	\$5.10	\$5.10	\$6.80	\$10.20	\$15.30	\$25.50	\$41.65	\$63.75	\$88.40	\$146.20	\$244.80	\$466.65
\$175,000	\$5.25	\$5.25	\$7.00	\$10.50	\$15.75	\$26.25	\$42.88	\$65.63	\$91.00	\$150.50	\$252.00	\$480.38
\$180,000	\$5.40	\$5.40	\$7.20	\$10.80	\$16.20	\$27.00	\$44.10	\$67.50	\$93.60	\$154.80	\$259.20	\$494.10
\$185,000	\$5.55	\$5.55	\$7.40	\$11.10	\$16.65	\$27.75	\$45.33	\$69.38	\$96.20	\$159.10	\$266.40	\$507.83
\$190,000	\$5.70	\$5.70	\$7.60	\$11.40	\$17.10	\$28.50	\$46.55	\$71.25	\$98.80	\$163.40	\$273.60	\$521.55
\$195,000	\$5.85	\$5.85	\$7.80	\$11.70	\$17.55	\$29.25	\$47.78	\$73.13	\$101.40	\$167.70	\$280.80	\$535.28
\$200,000	\$6.00	\$6.00	\$8.00	\$12.00	\$18.00	\$30.00	\$49.00	\$75.00	\$104.00	\$172.00	\$288.00	\$549.00
\$205,000	\$6.15	\$6.15	\$8.20	\$12.30	\$18.45	\$30.75	\$50.23	\$76.88	\$106.60	\$176.30	\$295.20	\$562.73
\$210,000	\$6.30	\$6.30	\$8.40	\$12.60	\$18.90	\$31.50	\$51.45	\$78.75	\$109.20	\$180.60	\$302.40	\$576.45
\$215,000	\$6.45	\$6.45	\$8.60	\$12.90	\$19.35	\$32.25	\$52.68	\$80.63	\$111.80	\$184.90	\$309.60	\$590.18
\$220,000	\$6.60	\$6.60	\$8.80	\$13.20	\$19.80	\$33.00	\$53.90	\$82.50	\$114.40	\$189.20	\$316.80	\$603.90
\$225,000	\$6.75	\$6.75	\$9.00	\$13.50	\$20.25	\$33.75	\$55.13	\$84.38	\$117.00	\$193.50	\$324.00	\$617.63
\$230,000	\$6.90	\$6.90	\$9.20	\$13.80	\$20.70	\$34.50	\$56.35	\$86.25	\$119.60	\$197.80	\$331.20	\$631.35
\$235,000	\$7.05	\$7.05	\$9.40	\$14.10	\$21.15	\$35.25	\$57.58	\$88.13	\$122.20	\$202.10	\$338.40	\$645.05
\$240,000	\$7.20	\$7.20	\$9.60	\$14.40	\$21.60	\$36.00	\$58.80	\$90.00	\$124.80	\$206.40	\$345.60	\$658.80
\$245,000	\$7.35	\$7.35	\$9.80	\$14.70	\$22.05	\$36.75	\$60.03	\$91.88	\$127.40	\$210.70	\$352.80	\$672.53
\$250,000	\$7.50	\$7.50	\$10.00	\$15.00	\$22.50	\$37.50	\$61.25	\$93.75	\$130.00	\$215.00	\$360.00	\$686.25

Spouse Life and AD&D maximum is the lesser of 50% of the employee election or \$250,000.
Your rate is based on your insurance age, which is your age as of your effective date.

Child Life Benefit Amount	Child Life Rate
\$5,000	\$0.44
\$10,000	\$0.88
\$15,000	\$1.32
\$20,000	\$1.75
\$25,000	\$2.19



If you have any questions about your Employee Benefits Guide, please contact Employee Services at employee.services@sumtercountyfl.gov or 1-352-689-4420.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.